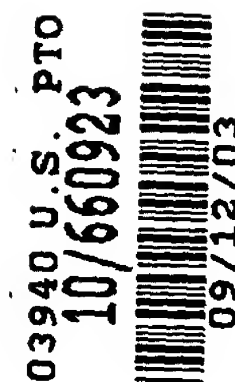


Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Sir:

Transmitted herewith for filing is the patent application of:

Inventor(s): **PAUL L. KLASSY**
For: **PRODUCT CONVERSION AND DOCUMENTATION PROCESS**

Enclosed are:

- ☒ 3 sheet(s) of drawings.
- ☒ An assignment of the invention to EATON CORPORATION. Please record the attached assignment in the name of the Assignee and return the original document to the Patent Law Department, Eaton Corporation, Eaton Center, 1111 Superior Avenue, Cleveland, Ohio 44114-2584.
- A Certified copy of a _____ Application.
- An Associate Power of Attorney.

The filing fee has been calculated as shown below:

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| (Col. 1) | | | | | (Col. 2) | | | | | | | | |
|---|--|--|-----------|---|----------|-----------|---|-------|----|-----|----|--------|------|
| FOR | | | NO. FILED | | | NO. EXTRA | | RATE | | | | FEE | |
| BASIC FEE | | | | | | | | | | | \$ | 750.00 | |
| TOTAL CLAIMS | | | 8 | - | 20 | = | 0 | X | \$ | 18 | = | \$ | 0.00 |
| INDEP. CLAIMS | | | 1 | - | 3 | = | 0 | X | \$ | 84 | = | \$ | 0.00 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | = | \$ | 280 | = | \$ | 0.00 |
| RECORDING OF ASSIGNMENT | | | | | | | | | | | \$ | 40.00 | |
| *If the difference in Col. 1 is less than zero, enter "0" in Col. 2 | | | | | | | | TOTAL | | | \$ | 790.00 | |

☒ Please charge my **Deposit Account No. 05-0275** in the amount of: **\$ 790.00**

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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 05-0275. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

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